

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001360

FILED
May 02, 2008
Secretary of State

Entity Name: SHEKINAH GLORY DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

1055 NW 62ND ST
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

17450 SW 296TH STREET
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-0994241 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SORRELLS-BROWN, CASSIE DR
17450 SW 296TH STREET
MIAMI, FL 33030 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SORRELLS-BROWN, CASSIE DR
Address: 17450 SW 296TH STREET
City-St-Zip: MIAMI, FL 33030

Title: D () Delete
Name: EASTERLING, SUSIE
Address: 2515 NW 107TH STREET
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: WARD, SHENEQUA
Address: 3351 NW 189TH STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: SORRELLS-BROWN, CASSIE DR
Address: 17450 SW 296TH STREET
City-St-Zip: MIAMI, FL 33030

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. CASSIE SORRELLS-BROWN

PTSD

05/02/2008

Electronic Signature of Signing Officer or Director

Date